

capitalregionwater.com 888-510-0606

Hot Water/Steam Heat Verification Affidavit

I certify that the property located at	on would result in the immediate loss of heat and I, eer moratorium on water termination in properties property. I also certify that I will continue to make cormwater charges due to Capital Region Water. ct Capital Region Water to arrange a payment plan
Requester Name:	Account Number:
Requester Address:	
Mailing Address: (If Different from Requester Address):	
Residential Property Type (Select One):	pied 🗆 Rental/Tenant Occupied
Property Owner Name:	
Contact Person (If Different from Requester Name):	
Phone Number:	Email Address:
Property Owner Signature:	Date:
Please return form to the address below. Upon receipt of staff to set up a Service Appointment for the Hot Water/Stea	
Capital Region Customer Servander Se	vice Center ront Street
After your request is reviewed, written notice will be provie allow 30 days for a response.	ded explaining your steam heat eligibility status. Please
Capital Region	Water Use Only
Inspection Date: Inspector:	
CRW Approval: Signature	Title Date
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